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Fill in this information to identify your case:	
United States Bankruptcy Court for the: Northern District of Illinois	
Case number (If known): Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

Check if this is an amended filing

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		, , , , , , , , , , , , , , , , , , , ,
Write the name that is on your government-issued picture	OZEAL	
identification (for example	First name	First name
your driver's license or passport).	M	
,	Middle name WYATT	Middle name
Bring your picture identification to your meeting	Last name	
with the trustee.	Last name	Last name
	Suffix (Sr., Jr., II, III)	
	() 3 - 1 - 1	Suffix (Sr., Jr., II, III)
All other names you	OZEAI	
have used in the last 8	First name	<i>(</i>
years	i "Stridine	First name
Include your married or	Middle name	20 m
maiden names.	WYATT	Middle name
	Last name	Last name
	First name	
		First name
	Middle name	Middle name
		Who the Hallie
	Last name	Last name
		· CK
	化甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	
Only the last 4 digits of your Social Security	xxx - xx - <u>0</u> <u>7</u> <u>7</u> <u>5</u>	war
number or federal	OR	XXX - XX -
Individual Taxpayer		OR
Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor 1	OZEAL M First Name Middle	WYATT Name Last Name	Advisor territoria de la companio del companio de la companio della companio dell	Case number (if known)	
		About Debtor 1:	া কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব	About Debtor 2 (Spouse Only in a Joint C	ase):
and E	usiness names mployer fication Numbers you have used in	☐ I have not used any bus	iness names or EINs.	☐ I have not used any business names or E	EINs.
the las	st 8 years trade names and	Business name		Business name	
doing b	ousiness as names	Business name		Business name	
		EIN		EIN	
		EIN		EIN	
5. Where	you live	Francisco (Control Control Cont	in de de la companya	If Debtor 2 lives at a different address:	Pertones secularing
		141 WEST 104TH ST	REET		
		Number Street		Number Street	
		CHICAGO	IL 60628		
		city COOK	State ZIP Code	City State Z	IP Code
		County		County	
		If your mailing address is a above, fill it in here. Note the any notices to you at this ma	nat the court will send	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will so any notices to this mailing address.	om end
		Number Street		Number Street	
		P.O. Box		P.O. Box	
Olika Jakoba (1988–1988–1988–1988–1988–1988–1988–1988	entille de verket in de verket i	City	State ZIP Code	City State ZI	P Code
. Why yo	u are choosing	Check one:	t t denske herden fåd til sin livid stammersen prift til folklig ården en er forefare, stelle folklig folks sk	Check one:	e in anternativa per
bankru		Over the last 180 days be I have lived in this district other district.	fore filing this petition, longer than in any	Over the last 180 days before filing this pet I have lived in this district longer than in any other district.	ition, y
		☐ I have another reason. Ex (See 28 U.S.C. § 1408.)	plain.	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	
			A A A A A A A A A A A A A A A A A A A		***************************************

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WYATT

OZEAL M

Debtor 1

	Tell the Court Abo	ut Your	Bankruptcy C	ase					
Bar	chapter of the kruptcy Code you	Check of for Ban	one. (For a brief kruptcy (Form 20	description of each, see <i>No</i> i 110)). Also, go to the top of p	tice Required by 1 page 1 and check	1 U.S.C. § 342(b) for Individuals Filing the appropriate box.			
are choosing to file under	🗹 Cha								
		☐ Cha	☐ Chapter 11						
		Cha	apter 12						
Stage on the same	and the stage of the second section of the second second section of the second second section of the second sec	☐ Cha	pter 13		**************************************				
Hov	v you will pay the fee	you sub	il court for mor rself, you may	e details about how you i pay with cash, cashier's yment on your behalf, yo	may pay. Typica check, or monev	neck with the clerk's office in your lly, if you are paying the fee order. If your attorney is pay with a credit card or check			
		☑ ine <i>App</i>	ed to pay the lication for Indi	fee in installments. If yo	ou choose this o	otion, sign and attach the ents (Official Form 103A).			
		☐ I red By land less pay	quest that my aw, a judge ma than 150% of the fee in insta	fee be waived (You may ay, but is not required to, the official poverty line th	request this op waive your fee, a lat applies to you his option, you m	tion only if you are filing for Chapter and may do so only if your income is ar family size and you are unable to nust fill out the Application to Have the			
Have	e you filed for	⊿ No	THE THE PERSON NAMED IN THE PERSON NAMED IN			· · · · · · · · · · · · · · · · · · ·			
bani	cruptcy within the	Yes.	District	When		_			
ıast	8 years?					Case number			
ıast	8 years?		5		MM / DD / YYYY	Case number			
ıast	8 years?		District	When	MM / DD / YYYY				
ıast	8 years?				MM / DD / YYYY	Case number			
Are a	any bankruptcy	☑ No		When	MM / DD / YYYY	Case number			
Are a	any bankruptcy s pending or being by a spouse who is		District	When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number			
Are a case filed not f you, partr	any bankruptcy s pending or being by a spouse who is iling this case with or by a business ner, or by an	☑ No	District	When When	MM / DD / YYYY MM / DD / YYYY	Case number			
Are a case filed not f you, partr	any bankruptcy s pending or being by a spouse who is iling this case with or by a business ner, or by an	☑ No	District	When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known			
Are a case filed not f you, partr	any bankruptcy s pending or being by a spouse who is iling this case with or by a business her, or by an ate?	☑ No ☐ Yes.	Debtor Debtor Debtor District	When When When When	MM / DD / YYYY	Case number Case number Relationship to you Case number, if known Relationship to you Case number, if known			
Are a case filed not f you, partraffilia	any bankruptcy s pending or being by a spouse who is iling this case with or by a business her, or by an ate?	☑ No ☐ Yes. ☑ No.	Debtor District Debtor District Go to line 12.	When When When When	MM / DD / YYYY	Case number Case number Relationship to you Case number, if known Relationship to you			
Are a case filed not f you, partraffilia	any bankruptcy s pending or being by a spouse who is iling this case with or by a business her, or by an ate?	☑ No ☐ Yes. ☑ No.	Debtor District Debtor District Go to line 12. Has your landlo	When w	MM / DD / YYYY	Case number Case number Relationship to you Case number, if known Relationship to you Case number, if known			

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Debtor 1	OZEAL M	ma	WYATT		Case number (if known)		
,	Middle Na	1115	Last Name				
		-					
Part 3: Re	port About Any	Business	ses You Own as a Sc	ole Proprietor			
12 Are vou :	sole proprietor	[2]	0- 1- B-4				
12. Are you a sole proprietor of any full- or part-time			☑ No. Go to Part 4.				
business	-	∟ Yes.	Name and location of b	usiness			
	orietorship is a ou operate as an						
individual,	and is not a		Name of business, if any				
	gal entity such as on, partnership, or		**************************************				
LLC.			Number Street				
	more than one etorship, use a						
separate sl	neet and attach it						
to this petit	ion.		City		State	ZIP Code	
			Check the appropriate I				
			Health Care Busine		- ' ',		
			_	•	11 U.S.C. § 101(51B))		
			Stockbroker (as def	_	` "		
			Commodity Broker (as defined in 11 U.	.S.C. § 101(6))		
			None of the above		ett dans dans mann men se en		
are you a debtor? For a defini	1 of the cy Code and small business tion of small	can set a most recany of the	appropriate deadlines. If cent balance sheet, state lese documents do not e	you indicate that yet ement of operations exist, follow the pro- apter 11.	now whether you are a smoon are a smoon are a small business described as small business described as a smooth and cadure in 11 U.S.C. § 111	tebtor, you n nd federat inc 16(1)(B).	nust attach your come tax return or if
business de 11 U.S.C. §		∐ No.	I am filing under Chapte the Bankruptcy Code.	r 11, but I am NOT	a small business debtor	according to	the definition in
		☐ Yes.	I am filing under Chapte Bankruptcy Code.	r 11 and I am a sm	all business debtor accor	ding to the d	lefinition in the
Part 4: Re	port if You Own	or Have	Any Hazardous Prop	erty or Any Pro	perty That Needs Im	mediate A	lttention
	vn or have any hat poses or is	☑ No					
alleged to	pose a threat	Yes.	What is the hazard?				
of immine	nt and e hazard to						
public hea	alth or safety?						
Or do you	own any hat needs						
	attention?		If immediate attention i	s needed, why is it	needed?		
perishable g that must be	e, do you own goods, or livestock e fed, or a building grgent repairs?						
			Where is the property?				
				Number Str	reet		
				City	**************************************	State	ZIP Code

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Debtor	1

Case number (if known)_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

	About	Debtor	1:
--	-------	--------	----

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition. you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

щ	I am not required to receive a briefing abou
	credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to	receive	a	briefing	about
credit counseling					

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-14624 Doc 1 Filed 04/29/16 Entered 04/29/16 12:00:59 Desc Main Document Page 6 of 44

Debtor 1	OZEAL M First Name Middle Nat	WYATT me Last Name	Case number (# ki	ломл)
	THOUSE THE	Lost Maine		
Part 6	Answer These Que	stions for Reporting Purpose	es	
	at kind of debts do have?	16a. Are your debts primari as "incurred by an individua	ly consumer debts? Consumer deal primarily for a personal, family, or hou	bts are defined in 11 U.S.C. § 101(8) usehold purpose."
,		No. Go to line 16b. Yes. Go to line 17.		
		16b. Are your debts primari money for a business or inv	ly business debts? Business debts estment or through the operation of the	are debts that you incurred to obtain business or investment.
		No. Go to line 16c. Yes. Go to line 17.		
		16c. State the type of debts you	owe that are not consumer debts or bu	siness debts.
	you filing under opter 7?	☐ No. I am not filing under Cha	apter 7. Go to line 18.	Medical and the second
any excl adm are avai	you estimate that after exempt property is luded and hinistrative expenses paid that funds will be llable for distribution nsecured creditors?	Yes. I am filing under Chapter administrative expenses In No Yes	r 7. Do you estimate that after any exei are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?
rangement of the second	many creditors do	**************************************		TOTAL CONTROL OF THE STATE OF T
	estimate that you	50-99 100-199 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000
estir	much do you mate your assets to vorth?	✓ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	much do you nate your liabilities e?	2 \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7:	Sign Below			— More than \$50 billion
For you		I have examined this petition, and correct.	I declare under penalty of perjury that	the information provided is true and
		If I have chosen to file under Chap of title 11, United States Code. I u under Chapter 7.	oter 7, I am aware that I may proceed, inderstand the relief available under ea	if eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed
		If no attorney represents me and I this document, I have obtained an	I did not pay or agree to pay someone and read the notice required by 11 U.S.C	who is not an attorney to help me fill out . § 342(b).
			the chapter of title 11, United States C	•
		I understand making a false stater with a bankruptcy case can result 18 U.S.C.) §§ 152, 1341, 1519, and	in tines up to \$250,000, or imprisonme	money or property by fraud in connection nt for up to 20 years, or both.
		* Zeal M.	Hyatt *	
		Signature of Debtor 1	Signature	e of Debtor 2
5/5/5/501 15/5/5 <i>(19/9</i> /5/5	tijika produkrosnog maja dinadijika at 2000 timo 1000 a	Executed on 04/28/2016 MM / DD / YY	YY Executed	on

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ebtor 1	OZEAL M First Name Middle Name	WYATT Last Name	Case number (# known)_			************	· · · · · · · · · · · · · · · · · · ·
epresente f you are	attorney, if you are ed by one not represented rney, you do not	I, the attorney for the debtor(s) named in to proceed under Chapter 7, 11, 12, or 13 available under each chapter for which the notice required by 11 U.S.C. § 342(b) knowledge after an inquiry that the inform	of title 11, United States Code, are e person is eligible. I also certify the and, in a case in which § 707(b)(4	ormed id have nat I ha)(D) ai	the e exp ave c	debto plaine delive	or(s) about eligibility ad the relief ared to the debtor(s rtify that I have no
	e this page.	×	Date				
		Signature of Attorney for Debtor	Date	MM	/	DD	/YYYY
		Printed name					
		Firm name					
		Number Street			The deliverable deliverary		
		City	State	ZIP C	ode		
		Contact phone	Email address				

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Page 8 of 44 М WYATT Debtor 1 Case number (if known) Middle Name For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent attorney themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by To be successful, you must correctly file and handle your bankruptcy case. The rules are very an attorney, you do not technical, and a mistake or inaction may affect your rights. For example, your case may be need to file this page. dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? ☐ No Yes Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? ☐ No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? ☑ No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney-may cause me to lose my rights or property if I do not properly handle the case.

Official Form 101

re of Debtor 1

Contact phone (773) 468-0970

Date

Cell phone

04/28/2016

MM / DD / YYYY

Signature of Debtor 2

Contact phone

Cell phone Email address MM / DD / YYYY

Date

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Debtor 1	OZEAL	M	WYATT
	First Name	Middle Name	Last Name
Debtor 2			
Spouse, if filing)	First Name	Middle Name	Last Name
Inited States I	Bankruptcy Court for	the: Northern District of I	Ilinois

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building	, Land, or Other Real Estate You Own or Ha	e an Interest in	
 Do you own or have any legal or equitable intered. No. Go to Part 2. Yes. Where is the property? 1.1. Street address, if available, or other description 	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	erty? Do not deduct secured clause the amount of any secure Creditors Who Have Claim	d claims on Schedule D:
City State ZIP Code	☐ Timeshare ☐ Other Who has an interest in the property? Check one.	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
County	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number:	Check if this is co (see instructions) em, such as local	mmunity property
If you own or have more than one, list here: 1.2. Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Do not deduct secured clathe amount of any secure Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one.	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
County	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this itemproperty identification number:	Check if this is co (see instructions) n, such as local	mmunity property

Debtor					
1.3	Street address, if availab	ole, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	ed claims on Schedule D:
			Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
			☐ Land	\$	\$
	City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
			Who has an interest in the property? Check one.		
	County		☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co	mmunity property
			Other information you wish to add about this it property identification number:	em, such as local	
				1	
Add vou	the dollar value of the	portion you own for a	III of your entries from Part 1, including any entrie	es for pages	\$
Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors	gal or equitable intere es. If you lease a vehic	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts s, motorcycles	not? Include any vehicles and Unexpired Leases.	;
o you ou own Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors	gal or equitable intere es. If you lease a vehic , sport utility vehicles	e, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	;
you u own Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors	gal or equitable interes. If you lease a vehicles, sport utility vehicles	e, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured cla	ims or exemptions. Put
Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors to es Make: Model:	gal or equitable intere es. If you lease a vehicles , sport utility vehicles NISSAN ROGUE	e, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one. Debtor 1 only	and Unexpired Leases.	ims or exemptions. Put I claims on Schedule D:
Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors to es Make: Model: Year:	gal or equitable interects. If you lease a vehicles, sport utility vehicles NISSAN ROGUE 2010	e, also report it on Schedule G: Executory Contracts i, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the	ims or exemptions. Put claims on Schedule D: is Secured by Property. Current value of th
Cars	own, lease, or have leg that someone else drive, vans, trucks, tractors to les Make: Model: Year: Approximate mileage:	gal or equitable intere es. If you lease a vehicles , sport utility vehicles NISSAN ROGUE	e, also report it on Schedule G: Executory Contracts , motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	and Unexpired Leases. Do not deduct secured cla the amount of any securec Creditors Who Have Claim	ims or exemptions. Put I claims on Schedule D: Is Secured by Property.
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Cars N Y 3.1.	own, lease, or have leg that someone else drive, vans, trucks, tractors to les Make: Model: Year: Approximate mileage:	nal or equitable intereses. If you lease a vehicles NISSAN ROGUE 2010 30000	e, also report it on Schedule G: Executory Contracts who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ 17,800.00 Do not deduct secured claithe amount of any secured Creditors Who Have Claim	ims or exemptions. Put I claims on Schedule D: Is Secured by Property. Current value of the portion you own? \$ 14,500.00 ms or exemptions. Put claims on Schedule D: Is Secured by Property.
Cars N 3.1.	own, lease, or have leg that someone else drive, vans, trucks, tractors to les Make: Model: Year: Approximate mileage: Other information: own or have more than Make: Model:	nal or equitable intereses. If you lease a vehicles NISSAN ROGUE 2010 30000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim. Current value of the entire property? \$ 17,800.00 Do not deduct secured claithe amount of any secured the entire property?	ims or exemptions. Put claims on Schedule D; is Secured by Property. Current value of the portion you own? \$ 14,500.00 ms or exemptions. Put claims on Schedule D:

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OZEAL

Document Page 11 of 44 **OZEAL** Debtor 1 Case number (if known) First Name Who has an interest in the property? Check one. Make: 3.3. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Other information: Current value of the At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2 Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only Other information: entire property? portion you own? At least one of the debtors and another Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 14.500.00 you have attached for Part 2. Write that number here

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Debtor 1

OZEAL First Name

Document

Case number (if known)_

Part 3:

Describe Your Personal and Household Items

Do	o you own or have any legal or equitable interest in any of the following items?	portion yo	ct secured claims
6.	Household goods and furnishings		
	Examples: Major appliances, furniture, linens, china, kitchenware		
	□ No		
	Yes. Describe USED HOUSEHOLD FURNISHING STOVE, FRIDGE, FURUNITUE	\$	1,100.00
7.	Electronics		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No		
	Yes. Describe TV, COMPUTER, CELL PHONE, STEREO	\$	900.00
8.	Collectibles of value		
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No		
	✓ No ☐ Yes. Describe	\$	
9.	Equipment for sports and hobbies	!	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	☑ No ☐ Yes Describe	\$	
	THE PART OF THE PA	¥	
10.	Firearms		
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment No		
	Yes. Describe	\$	
11	Clothes	!	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No		
	Yes. Describe USED CLOTHING	\$	500.00
12.	Jewelry		
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	No Ves. Describe		750.00
12	WATCH, RING, GOLD CHAIN, BRACLET Non-farm animals		
	Examples: Dogs, cats, birds, horses		
	No Yes. Describe	\$	
14.	Any other personal and household items you did not already list, including any health aids you did not list	n t m²	
	✓ No Yes. Give specific information	********** \$	
	information.		
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$	3,250.00

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Debtor 1

Document

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Middle Name First Name

Last Name

Case number (if known)_

Part 4: **Describe Your Financial Assets**

Do	you own or have any l	legal or equitable interest in	any of the following?		Current value of portion you own Do not deduct secur or exemptions.	1?
	Cash <i>Examples:</i> Money you h	nave in your wallet, in your hon	ne, in a safe deposit box, and on hand when you fil	le your petition		
	□ No					
	☑ Yes			Cash:	\$	25.00
		•				
			nts; certificates of deposit; shares in credit unions, ultiple accounts with the same institution, list each			
	☐ No ☑ Yes		Institution name:			
		17.1. Checking account:	CHICAGO POST OFFICE EMPLOYEE	CREDIT LINE	\$	75.00
		17.2. Checking account:			**************************************	
		17.3. Savings account:			\$	
		17.4. Savings account:			\$	
		17.5. Certificates of deposit:			\$	
		17.6. Other financial account:			\$	
					\$	
		17.7. Other financial account:			\$	
		17.8. Other financial account:	4-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		\$	
		17.9. Other financial account:			\$	
i	· · · · · · · · · · · · · · · · · · ·	or publicly traded stocks investment accounts with broke Institution or issuer name:	erage firms, money market accounts			
			***************************************		\$	***************************************
					\$ \$	
					J	
	Non-publicly traded st an LLC, partnership, a		rated and unincorporated businesses, including	g an interest in		
	☑ No	Name of entity:		% of ownership:		
	Yes. Give specific information about			0%%	\$	
	them			0% _% 0% _«	\$	
				0% %	\$	

Case 16-14624 Doc 1 Filed 04/29/16 Entered 04/29/16 12:00:59 Desc Main Documen Page 14 of 44 Debtor 1 Case number (if known)_ First Name Middle Name Last Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No No Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans MO NO Yes. List each Institution name: account separately. Type of account: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☑ No **Q** Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: ___ Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Z No

☐ Yes.....

Issuer name and description:

Docume **OZEAL** Debtor 1 Case number til known 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ZI No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements MO No ☐ Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No No Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you **Ø** No ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☑ No Yes. Give specific information..... Alimony: Maintenance Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else Z No Yes. Give specific information.....

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OZEAL Debtor 1 Case number (if know First Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information...... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No No ☐ Yes. Describe each claim..... 35. Any financial assets you did not already list ZI No ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 100.00 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ☐ Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices □ No ☐ Yes. Describe..

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Debto	First Name	Middle Name	Last Name	VVIAI		Case number (if knot	wn)		
40. M a	chinery, fixtures, e	equipment, supplies	you use	in business, ar	nd t	ools of your trade			
	No					A A STATE OF THE S			
	Yes. Describe	19 A M B S A M B S A M B S A M B S A M B S A M B S A M B S A M B S A M B S A M B S A M B S A M B S A M B S A M	anne en estantistis e el estatistis francès e	Ан атын А оон оон с нөөгүүн үйлицсөүүн, үнд үйд үйдэн үүн		PRESIDENTS IN STATES IN STREET WE SEE AND ALL AND A	tradition what the first or the street we street se	***********************	•
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41 lm	ventory								
	No :		-1-4			**************************************	.,		
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	:					or an annual specific of almost annual annual section points of Mark believes to a			
42. Int	erests in partnersh	ips or joint venture	s						
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	Yes. Describe	Name of ontity:				٥		, .	
		Name or emity.				y	6 of owners	hip:	
							%		\$
							%		\$
							%		\$
43. Cu	stomer lists, mailir	ng lists, or other cor	npilation	ıs					
	No								
u		include personally	identifia	ble information	(as	defined in 11 U.S.C. § 101(41A))?			
	□ No	Part - special programmer and the special progra		of the total and the terms of t	~~	n kanada kanada kanada kanada hara bara ka mana kanada kanada ka mada ka mada ka mada ka mada ka mada ka mada k	er kar en mer e sammen skung sag ya mga pag		· · · · · · · · · · · · · · · · · · ·
	Yes. Desc	ribe							\$
			nananang (spage arana			and the state of t	NA 100 MOTHER		
		property you did no	ot alread	y list					
	No								
	Yes. Give specific information							-	\$
									\$
								-	\$
								-	Φ
									<u> </u>
		***************************************						-	\$
								-	\$
45. Ad	d the dollar value o	of all of your entries	from Pa	rt 5, including a	ny e	entries for pages you have attac	hed		
for	Part 5. Write that r	number here		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				>	a
Part 6	Describe A	ny Farm- and Con have an interest in	nmercia farmian	d Fishing-Rela	ated	l Property You Own or Have	an Inter	est In	
	700 0000	un nicestill	.6.1511011	-, not 11 m Faft	• •				
46. Do	you own or have a	ny legal or equitable	e interes	t in any farm- oi	r co	mmercial fishing-related propert	tv?		
Z	No. Go to Part 7.			•					
	Yes. Go to line 47.								
									Current value of the
									portion you own?
									Do not deduct secured claims or exemptions.
	rm animals	audam . Fauna astro . S.A.	L						
		oultry, farm-raised fis	in						
	No Yes	eranorum manara karamana garyang mengunan mga talah		wassa wassa a sa		and the second s	·····		*
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	<u> </u>	and the matter of the state of			10,011,000	MANAGAMAN TIPO TO THE STREET OF THE STREET		on an on annual co	\$
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47.

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Schedule A/B: Property

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Deptor I					
Debtor 2	DZEAL irst Name	M Middle Name	WYATT		
		Middle Name	Last Name		
	nkruptcy Court for the: Nort		Last Name		
Case number _					☐ Check if this is a
(If known)			· · · · · · · · · · · · · · · · · · ·		amended filing
Official Ec	orm 106C				
		Proport	tvr Vou	Claim as Evam	.4
				Claim as Exemp	
lsing the proper pace is needed,	ty you listed on <i>Schedule</i> , fill out and attach to this	A/B: Property (O	fficial Form 106A	gether, both are equally responsible for /B) as your source, list the property the dditional Page as necessary. On the to	at you claim as exempt. If more
	ase number (if known).				
or each item o pecific dollar a	f property you claim as	exempt, you mu	st specify the a	mount of the exemption you claim. fair market value of the property be	One way of doing so is to state a
f any applicabl	e statutory limit. Some	exemptions—su	iy ciaim the full ich as those for	fair market value of the property be health aids, rights to receive certai	ing exempted up to the amount to benefits, and tax-exempt
etirement fund:	s-may be unlimited in	dollar amount. H	lowever, if you	claim an exemption of 100% of fair :	narket value under a law that
mits the exemp	otion to a particular dol I to the applicable statu	lar amount and t	he value of the	property is determined to exceed th	at amount, your exemption
ouid be minter	to the applicable statt	itory amount.			
Part 1: Ide	ntify the Property Y	ou Claim as Ex	empt		
			•		
				your spouse is filing with you.	
You are	claiming state and feder	al nonbankruptcy	exemptions. 11	J.S.C. § 522(b)(3)	
You are	claiming federal exempti	ons. 11 U.S.C. §		• ' ','	
			522(b)(2)	· //-/	
				ot, fill in the information below.	
For any pro Brief descr		<i>lule A/B</i> that you			Specific laws that allow exemption
For any pro Brief descr	perty you list on Sched	d line on Currer portio	claim as exemp	ot, fill in the information below.	•
For any pro Brief descr	perty you list on Sched	d line on Currer portion Copy t Sched	claim as exemp nt value of the n you own the value from	ot, fill in the information below. Amount of the exemption you claim	•
2. For any pro Brief descr Schedule A	perty you list on Sched iption of the property an VB that lists this propert NISSAN ROGL	d line on Currer portion Copy t Sched	claim as exemp nt value of the in you own the value from lule A/B	ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption	7.
2. For any pro Brief description: Line from Schedule A	perty you list on Sched iption of the property an VB that lists this propert NISSAN ROGL	d line on Currer y Copy t Sched	claim as exempent value of the solution own the value from dule A/B	Amount of the exemption you claim Check only one box for each exemption \$ 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001 (c)
2. For any pro Brief description: Line from Schedule A Brief description: Line from Line from Line from Line from	perty you list on Sched iption of the property an VB that lists this propert NISSAN ROGL /B: CHGO CREDIE	d line on Currer y Copy t Sched	claim as exempent value of the solution own the value from dule A/B	Amount of the exemption you claim Check only one box for each exemption \$	7.
Brief description: Line from Schedule A Brief description: Line from Schedule A Brief description:	perty you list on Sched iption of the property an VB that lists this propert NISSAN ROGU VB: CHGO CREDIE	d line on Currer portion Copy t Sched	nt value of the in you own the value from lule A/B	Amount of the exemption you claim Check only one box for each exemption \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001 (c) 735 ILCS 5/12-1001 (b)
Brief description: Line from Schedule A Brief description: Line from Schedule A Brief description: Line from Schedule A	perty you list on Sched iption of the property an VB that lists this propert NISSAN ROGL /B: CHGO CREDIE	d line on Currer portion Copy t Sched	claim as exempent value of the solution own the value from dule A/B	Amount of the exemption you claim Check only one box for each exemption \$	735 ILCS 5/12-1001 (c)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

M No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

Yes

Document

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Debtor 1

OZEAL

Last Name

Case number (if known)__

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	HOUSEHOLD FUR	\$1,100.00	<u> </u>	735 ILCS 5/12-1001
Line from Schedule A/B:			√ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value, up to any applicable statutory limit ✓ 100% of fair market value statutory limit ✓ 10	***************************************
Brief description:		\$	0 \$	
Line from Schedule A/B:	Martine Martine Assessment		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:	- Market Annual		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	\$	Q \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	2 70 70 00 00 00 00 00 00 00 00 00 00 00	\$	Q \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:	appropriate Anna Service Construction		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	3 \$	
Line from Schedule A/B;			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	9 \$	
Line from Schedule A/B:	with death of the submitted constraints		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	3 \$	
Line from Schedule A/B:	-		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

Case 16-14624 Doc 1 Filed 04/29/16 Entered 04/29/16 12:00:59 Desc Main Page 21 of 44 Document Fill in this information to identify your case: OZFAL **WYATT** M Debtor 1 Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an Case number amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims, List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☑ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount CITY OF CHICAGO Last 4 digits of account number 5 3 1 0 \$____ 200.00 \$ 200.00 \$ riority Creditor's Name 03/03/2016 When was the debt incurred? Street 121 NORTH LASALLE As of the date you file, the claim is: Check all that apply **CHICAGO** 60602 Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only

No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim is for a community debt

intoxicated

Other, Specify

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were

Case 16-14624 Doc 1 Filed 04/29/16 Entered 04/29/16 12:00:59 Desc Main OZEAL M Document Page 22 of 44 mobel (# Known)

Debtor 1

Part 1: Your PRIORITY Unsecured Claims — Continuation Page

er listing any entries on this page, number ther	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriorit amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Profity Creditor's Name	Miles was the debt in sure 42			
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
•	Other. Specify			
Is the claim subject to offset?				
□ No □ Yes				
Priority Creditor's Name	Last 4 digits of account number		\$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who incurred the debt? Check one.	a bispoted			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were intoxicated			
Check if this claim is for a community debt	Other. Specify			
Is the claim subject to offset?				
□ No				
Yes		Santinopolia ha pappa disphopaplantini basak be	2244	
	I A attacks of	r.	•	•
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify		An Andreas Asset Clark Clark Clark Clark	viviliivatutetakeimegenmog
Is the claim subject to offset?				
□ No				

Entered 04/29/16 12:00:59 Desc Main Case 16-14624 Doc 1 Filed 04/29/16 Page 23 of 44 rumber (if known) Document Debtor 1 Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim CITY OF CHICAGO Last 4 digits of account number 7 3 6 2 1,000.00 Nonpriority Creditor's Name 08/03/2015 When was the debt incurred? PO BOX 6330 Number **CHICAGO** IL 60608 As of the date you file, the claim is: Check all that apply. ZIP Code ☑ Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No other. Specify CONSUMER DEBT (WATER) Yes 1,599.86 **FINGER HUT** 4 8 Last 4 digits of account number 01/01/2015 Nonpriority Creditor's Name When was the debt incurred? **PO BOX 166** Number As of the date you file, the claim is: Check all that apply. **NEWARK** NJ 07101 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify CONSUMER DEBT ☐ No Z Yes SPRINT Last 4 digits of account number _1 _1 _2 _5 300.00 Nonpriority Creditor's Name When was the debt incurred? 01/01/2016 PO BOX 219554 As of the date you file, the claim is: Check all that apply.

Number	Street		
KANSA	S CITY	MO	64121
City		State	ZIP Code
Who incu	rred the debt? Check one	э.	
Debtor	1 only		

s of the date you file, the claim is: Check all that ap

Contingent

	Commyent
₩.	Unliquidated
	Disputed

At least one of the debtors and another	Type of NONPRIORITY unsecured claim		
	☐ Student loans		
Check if this claim is for a community debt	Obligations arising out of a separation agreed		

Obligations arising out of a separation agreement or divorce
that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts
Other, Specify CONSUMER DEBT

L.J	No

Debtor 2 only

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

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Debtor 1

Part	t	2

Your NONPRIORITY Unsecured Claims - Continuation Page

				Sec.	il is v
ICS INC			Last 4 digits of account number 4 0 4 7	s 1	29.
Nonpriority Creditor's Name PO BOX 1010			When was the debt incurred? 11/29/2010	* *************************************	
Number Street TINLEY PARK	IL	60477	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check one. Debtor 1 only			Unliquidated Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and anoth	er		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a comm	nunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
ls the claim subject to offset? ☑ No ☑ Yes			Other. Specify CONSUMER DEBT		
UNIVERSITY OF CHGO ME	DICINE	a transmining of the members and any of the facts of the second and a second	Last 4 digits of account number 0 3 4 9	\$ <u>4</u>	<u>65.</u>
15965 COLLECTION CENT	ER DRIVI	=	When was the debt incurred? 10/21/2015		
Number Street	LIX DIXIV				
CHICAGO	<u>IL</u>	60693	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check one.			✓ Unliquidated☐ Disputed		
☑ Debtor 1 only			Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and anothe	er		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a comm	unity debt		you did not report as priority claims		
s the claim subject to offset?	• • • • • • • • • • • • • • • • • • • •		Debts to pension or profit-sharing plans, and other similar debts		
☑ No ☑ Yes			Other, Specify MEDICAL DEBT		
માના કરતા કરતા કરવા છે. કરતા કરતા કરતા કરતા કરતા કરતા કરતા કરતા	link a realled folkellerlich der lieben in de den seen	a waran mada a gangan afi jiya galari ga 2000 ku ta a ka ka a ka a da ana an	r problem de financia e transmentar a manten de manten de proprio de la problem de la	s 4,19	96. [,]
MCM DEPT, 12421 Ionpriority Creditor's Name			Last 4 digits of account number 0 0 5 6	¥	
PO BOX 603			When was the debt incurred? 01/01/2011		
OAKS	PA	19456	As of the date you file, the claim is: Check all that apply.		
Dity	State	ZIP Code	Contingent		
Vho incurred the debt? Check one.			☑ Unliquidated		
Debtor 1 only			Disputed -		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only					
At least one of the debtors and anothe	er		 Student loans Obligations arising out of a separation agreement or divorce that 		
Check if this claim is for a comm	unity debt		you did not report as priority claims		
s the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
2 No 2 Yes			✓ Other. Specify_ASSIGNED BY SPIEGEL		

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Fill in this	information to ide	ntify your case:			
Debtor	OZEAL	М	WYATT		
Debtor 2	First Name	Middle Name	Last Name	- Andreaded Andr	
(Spouse If filin	g) First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for	the: Northern District of I	Ilinois		
Case numbe (If known)	Γ				Check if this is ar amended filing
	Form 106G				
Sched	ule G: Ex	ecutory Co	ntracts and	Unexpired Leases	12/15
1. Do you 1. Do you No. Yes 2. List sep exampl	If more space is nages, write your nathave any executor Check this box and Fill in all of the informately each personance is not seen the informately each personance is not seen in the information in the i	eeded, copy the addition and case number (Try contracts or unexpirities this form with the courmation below even if the courmation or company with when or company with when the course and the course are company with when the course are considered as the considered as the course are considered as the consid	onal page, fill it out, num if known). ed leases? urt with your other schedule contracts or leases are li	ther, both are equally responsible for supply ber the entries, and attach it to this page. On es. You have nothing else to report on this form. Sted on Schedule A/B: Property (Official Form 10 tor lease. Then state what each contract or lease to the instruction booklet for more examples of experts.	06A/B).
ŕ		vhom you have the con	tract or lease	State what the contract or lease is for	
Name					
Number	Street				
City		State ZIP Code			
2.2			turi mita interior monthologis kalaya taraka taraka ini kala a sa araba araba araba araba araba araba araba ar	эл эт том это	n a dub thinka uich each bau hub maean uica mar caugaigus a
Name					
Number	Street				
<u> </u>					
City 2.3	e nazisti di nazione di transita interiore di Post e per di Post di La cara di Santa di La cara di Santa di Sa	State ZIP Code	ententententententen eta		eth med the other transcenses was even en a verience on a verient of the second of the second of the second of
Name					

Number	Street				
City	erenterio esta en	State ZIP Code	Augustus and a survey of the s		- CANADA SA CANADA S
2.4					
Name					
Number	Street				
City		Ctoto 710 0			
City 2.5	e, course am eraceur graecur e en contra e e e e e e e e e e e e e e e e e e e	State ZIP Code	engayan mara a mara sanan maranan il sa aran	Accommodate to the state of the	tes es tes en en este sentencente, en en en en en en en
Name					
Number	Street				
City		State ZIP Code			•

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Fill in th	nis information to ide	entify your case:		
Debtor 1	OZEAL	М	WYATT	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if	filing) First Name	Middle Name	Last Name	
United St	ates Bankruptcy Court fo	r the: Northern District of II	linois	
Case nun				
				—— Check if this is an amended filing
Officia	al Form 106H	4		•
·····		<u>'-</u> our Codebto	re	4045
Codebtor are filing and numb	s are people or entit together, both are ed	ies who are also liable fo qually responsible for su boxes on the left. Attacl	or any debts you may hav	e. Be as complete and accurate as possible. If two married people on. If more space is needed, copy the Additional Page, fill it out, his page. On the top of any Additional Pages, write your name ar
1. Do yo	ou have any codebto	rs? (If you are filing a join	t case, do not list either sp	puse as a codebtor.)
4	· -			
□ Y				
2. with	in the last 8 years, hi ma, California, Idaho,	ave you lived in a comm Louisiana, Nevada, New l	unity property state or te Mexico, Puerto Rico, Texas	ritory? (Community property states and territories include s, Washington, and Wisconsin.)
_	lo. Go to line 3.	, ,	,	,
		former spouse, or legal ed	uivalent live with you at the	time?
	No			
_	Yes. In which comm	nunity state or territory did	you live?	. Fill in the name and current address of that person.
	Name of your spouse, fo	rmer spouse, or legal equivalent		-
	Number Street			
	City	State	ZIP Code	3
show Sche	vn in line 2 again as a edule D (Official Form	a codebtor only if that pe	erson is a guarantor or co	debtor if your spouse is filing with you. List the person osigner. Make sure you have listed the creditor on chedule G (Official Form 106G). Use Schedule D,
Colu	ımn 1: Your codebto	r		Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1				Schedule D, line
Nan	nė			Schedule E/F, line
Nun	nber Street			Schedule G, line
City	······································	State	ZIP Co	
3.2		Utate	ZIF GG	ue
 Nan	ne		***************************************	Schedule D, line
-				Schedule E/F, line
Nun	nber Street			☐ Schedule G, line
City		State	ZIP Co	de
3.3				
Nan	пе			Schedule E/F, line
Nun	nber Street			Schedule G, line
City		Ot.	the contract of	
City		State	ZIP Co	The state of the s

Official Form 106H

Schedule H: Your Codebtors

page 1 of ____

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	your case:				
Debtor 1 OZEAL	М	WYATT			
First Name Debtor 2	Middle Name	Last Name			
(Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	Northern District of Illinois				
Case number (If known)	THE RESIDENCE OF THE PARTY OF T		Check if t	this is: nended filing	
				plement showing po	stpetition chap
Official Form 106I			incom	e as of the following	date:
Schedule I: You	Er Incomo		MM / [DD / YYYY	
Se as complete and accurate as po					12/
Part 1: Describe Employm Fill in your employment	ent	Debtarió			
information.		Debtor 1	en also acciones transconarios como con esconarios en estados e de conferencia de ser aleman en estados en con	Debtor 2 or non	-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☑ Not employed		Employed Not employed	d
Include part-time, seasonal, or self-employed work.				, ,	
Occupation may include student or homemaker, if it applies.	Occupation	***************************************			
	Employer's name				W ₁ +
	Employer's address				
		Number Street		Number Street	
				-	
		City Sta	te ZIP Code	City	State ZIP Code
	How long employed the	•	te ZIP Code	City	State ZIP Code
		•	te ZIP Code	City	State ZIP Code
Part 2: Give Details About		•	te ZIP Code	City	State ŽIP Cod
Estimate monthly income as of	Monthly Income	ere?			
	Monthly Income the date you file this form ve more than one employe	m. If you have nothing to	report for any line, wi	rite \$0 in the space. Inc	clude your non-fil
Estimate monthly income as of spouse unless you are separated. If you or your non-filing spouse ha	Monthly Income the date you file this form ve more than one employe	m. If you have nothing to	report for any line, wi	rite \$0 in the space. Incor that person on the li	clude your non-fili nes
Estimate monthly income as of spouse unless you are separated. If you or your non-filing spouse ha	Monthly Income the date you file this form ve more than one employed tach a separate sheet to the	m. If you have nothing to er, combine the informations form.	report for any line, wi	rite \$0 in the space. Incorthat person on the lii	clude your non-fili nes
Estimate monthly income as of spouse unless you are separated. If you or your non-filing spouse har below. If you need more space, att	Monthly Income the date you file this form ve more than one employed tach a separate sheet to the ary, and commissions (becalculate what the monthly	m. If you have nothing to er, combine the informat his form.	report for any line, wi on for all employers for For Debtor 1	rite \$0 in the space. Incor that person on the li	clude your non-fili nes

	Case 16-14624	Doc 1	Filed 04/29/16 Document		ed 04/29/16 8 of 44	12:00:59	Desc Ma	ain
Debtor		М	WYATT		Case number (#.	known)		
	First Name Middle Name	Last N	varne		For Debtor 1	For Debto non-filing		
Co	py line 4 here		»((««)»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»») 4.	\$	* ************************************	and The annual to the same	
5. Lis i	all payroll deductions:							
5 <i>a</i>	. Tax, Medicare, and Social	Security ded	uctions	5a.	\$ 0.00	\$		
	. Mandatory contributions fo			5b.	\$		***************************************	
50	. Voluntary contributions for	r retirement _i	olans	5c.	\$			
5d	. Required repayments of re	tirement fun	d loans	5d.	\$			
5e	Insurance			5e.	\$			
5f.	Domestic support obligation	ons		5f.	\$			
5g	. Union dues			5g.	\$	•		
5h	. Other deductions. Specify:			5h.	+\$	+ \$		
	ld the payroll deductions. Ad				\$	\$	And the same of th	
7. C a	lculate total monthly take-ho	ome pay. Sub	stract line 6 from line 4.	7.	\$0.00	\$		
8. Lis	t all other income regularly r	eceived:						
8a	Net income from rental pro profession, or farm							
	Attach a statement for each preceipts, ordinary and necessmonthly net income.	property and to sary business	ousiness showing gross expenses, and the total	8a.	\$0.00	. \$		
8b	. Interest and dividends			8b.	\$	\$		
8c	Family support payments to regularly receive		·					
	Include alimony, spousal sup settlement, and property settl	lement.	oport, maintenance, divorce	8c.	\$0.00	\$	····	
	Unemployment compensat	ion		8d.	\$	\$		
	Social Security			8e.	\$0.00	\$		
81.	Other government assistant Include cash assistance and that you receive, such as food Nutrition Assistance Program	the value (if k d stamps (ber i) or housing s	nown) of any non-cash assi nefits under the Supplemen subsidies.	tal				
_	Specify:			8f.	\$ 0.00	\$	Archive and Archive	
•	. Pension or retirement incor			8g.	\$3,124.00	\$		
8h	Other monthly income. Spe	cify;		8h.	+\$0.00	+\$		
	d all other income. Add lines		-	9.	\$ 3,124.00	\$		
	culate monthly income. Add I I the entries in line 10 for Debto			10.	\$_3,124.00	+ \$	=	\$ 3,124.00
Incl	te all other regular contributi ude contributions from an unmands or relatives.				pendents, your roo	ommates, and ot	her	
Do	not include any amounts alread	dy included in	lines 2-10 or amounts that	are not ava	ailable to pay expe	nses listed in Sc.	hedule J.	
Spe	cify:			***************************************	***************************************		11. +	\$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$___3,124.00 Combined

monthly income

13. Do you expect an increase or decrease within the year after you file this form?

	INO.		
L	Yes. Explain:		

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Fill in this	information to identify	your case:		V 27 / 2009 A 17 / 2008			
Debtor 1	OZEAL		WYATT	Charle is at	la ia:		
Debtor 2	First Name	Middle Name La	ist Name	Check if th			
(Spouse, if filing	ng) First Name	Middle Name La	st Name	An ame		•	notition observe 42
United State	s Bankruptcy Court for the:	Northern District of Illinois				showing post of the following	petition chapter 13 g date:
Case numbe (If known)	er			MM / DE) / YYYY	/	
Official	Form 106J		·	***************************************			
Sche	dule J: Yo	ur Expenses					12/15
information	lete and accurate as po If more space is need Answer every question Describe Your Hou	ed, attach another sheet to t	e are filing his form.	g together, both are equally ro On the top of any additional p	espons pages, v	ible for supply write your nam	ing correct e and case number
i. Is this a jo							
	io to line 2.						
	io to line ∠. loes Debtor 2 live in a s	separate household?					
_	3 No						
C	Yes. Debtor 2 must fil	e Official Form 106J-2, <i>Expens</i>	ses for Se	parate Household of Debtor 2.			
2. Do you ha	ive dependents?	□ No					
Do not list Debtor 2.	Debtor 1 and	Yes. Fill out this informa each dependent	tion for	Dependent's relationship to Debtor 1 or Debtor 2	Nox	Dependent's age	Does dependent live with you?
Do not sta names.	te the dependents'			MOTHER		92	☐ No ☑ Yes
							O No
							Yes
						*****	U No □ Yes
							□ No
				1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444			Yes
					-		☐ No
expenses	xpenses include of people other than nd your dependents?	☑ No ☐ Yes					☐ Yes
	* ··· ·· · · · · · · · · · · · · · · ·						
		ng Monthly Expenses					
Estimate yo: expenses as applicable d	of a date after the ban	bankruptcy filing date unles kruptcy is filed. If this is a su	ss you are upplemen	using this form as a supplen tal <i>Schedule J</i> , check the box	nent in a	a Chapter 13 c top of the form	ase to report and fill in the
		-cash government assistanc					
		l it on Schedule I: Your Incor				Your exper	nses
4. The renta any rent f	I or home ownership e or the ground or lot.	expenses for your residence.	Include fir	st mortgage payments and	4.	\$	950.00
If not inc	luded in line 4:						
	estate taxes				4a.	\$	
	perty, homeowner's, or re				4b.	\$	0.00
	ie maintenance, repair, a	•			4c.	\$	75.00
4d. Hom	eowner's association or	condominium dues			4d.	\$	

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 Debtor 1
 OZEAL
 M
 WYATT
 Case number (if known)

 First Name
 Middle Name
 Last Name

5. Additional mortgage payments for your residence, such as home equity loans 5. 9. 0.00 6. Utilities: Electricity, heat, natural gas 6a. \$ 300.00 6b. Water, sewer, garbage collection 6b. \$ 150.00 6c. Utilities: 6b. Water, sewer, garbage collection 6c. \$ 150.00 6c. Other, Specity, HOME PHONE 6d. \$ 55.00 7c. Food and housekeeping supplies 7. \$ 400.00 8c. Childcare and children's education costs 8. \$				Your exp	penses
6. Electricity, heat, natural gas	5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6. Electricity, heat, natural gas	6	Hillitias:			
6. Water, sewer, garbage collection 6. 150,00 6. Telephone, cell phone, Internet, satellite, and cable services 6. 150,00 6. Chier. Specify. HOME PHONE 6. 5,50.00 7. Food and housekeeping supplies 7. 400,000 8. Childcare and children's education costs 8. 5 9. Ciothing, laundry, and dry cleaning 9. 2,00.00 9. Personal care products and services 10. 8,00.00 10. Medical and dental expenses 11. 5,65.00 11. Medical and dental expenses 12. 5,00.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. 5,00.00 13. Enterlainment, clubs, recreation, newspapers, magazines, and books 13. 5,00.00 14. Charitable contributions and rolligious donations 15. 1,00.00 15. Life insurance 15. 1,00.00 16. Insurance 15. 1,00.00 16. Life insurance 15. 1,00.00 16. Life insurance 15. 1,00.00 16. Chief insurance 15. 1,00.00 16. Charitable contributions and rolligious donations 1,00.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 1,00.00 17. Installment or lease payments: 1,00.00 18. Charitable contributions and rolligious donations 1,00.00 19. Care payments for Vehicle 1,00.00 19. Care payments for Vehicle 1,00.00 19. Other specify: 17. 1,00.00 19. Other specify: 17. 1,00.00 19. Other payments for Vehicle 1,00.00 19. Other payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 108). 1,00.00 19. Other payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 108). 1,00.00 19. Other payments of allimony, maintenance, and support that you did not report as deducted from your payments of allimony, maintenance, and support that you did not report as deducted from your payments of allimony, maintenance, and	Ų.		62	¢	300.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 150,00 6d. Other Specify: HOME PHONE 6d. \$ 55,00 7. Food and housekeeping supplies 7. \$ 400,00 8. Childcare and children's education costs 8. \$ \$ 9. Citothing, laundry, and dry cleaning 9. \$ 20,00 10. Personal care products and services 10. \$ 80,00 11. Medical and dental expenses 11. \$ 65,00 12. Transportation. Include gas, maintenance, bus or train fare. 0 10. \$ 100,00 13. Entertainment, clubs, recrestion, newspapers, magazines, and books 13. \$ 100,00 14. Charitable contributions and religious donations 14. \$ 100,00 15. Insurance. 0 16. \$ 100,00 16. Insurance. 16. \$ 100,00 17. Insurance 16. \$ 100,00 18. Life insurance deducted from your pay or included in lines 4 or 20. 18. Life insurance 16. \$ 100,00 18. Life insurance 16. \$ 100,00 18. Carpayments for vehicle 1 100,00 19. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 19. Specify 17. \$ 451,00 19. Car payments for Vehicle 1 17. \$ 451,00 19. Carpayments for Vehicle 1 17. \$ 451,00 19. Vour payments for Vehicle 1 17. \$ 451,00 19. Vour payments for Vehicle 1 17. \$ 451,00 19. Vour payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 108I). 19. Vour payments you make to support others who do not live with you. Specify 19. \$ 19. \$ 100,00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I. Your Income. 20a. \$		· · · · · · · · · · · · · · · · · · ·		Ф	***************************************
6d. Other. Specify: HOME PHONE 6d. \$ 55.00				Φ	
7. Food and housekeeping supplies 7. \$ 400.00 8. Childcare and children's education costs 8. \$ 2 9. Ciothing, laundry, and dry cleaning 9. \$ 20.00 10. Posconal care products and services 10. \$ 30.00 10. Medical and dental expenses 11. \$ 655.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 100.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100.00 14. Charitable contributions and religious donations 13. \$ 100.00 15. Insurance. 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 5 15b. Health insurance specify. 15c. \$ 85.00 85.00 15c. Vehicle insurance. Specify. 15c. \$ 85.00 15d. \$ 5 15c. Vehicle insurance. Specify. 15c. \$ 85.00 15d. \$ 5 15c. Vehicle insurance. Specify. 15c. \$ 85.00 15d. \$ 5 15c. Vehicle insurance. Specify. 15c. \$ 85.00 15d. \$ 5 15c. Onto include taxes deducted from your pay or included in lines 4 or 20. \$ 8 85.00 15c. Onto include taxes deducted from your pay or included in lines 4 or 20. \$ 8 15d. \$ 8				_	<i>EE</i> 00
8. Childcare and children's education costs 8. \$ 9. Clothing, laundry, and dry cleaning 9. \$ 20.00 10. Personal care products and services 10. \$ 80.00 11. Medical and dental expenses 11. \$ 56.50 12. Transportation, Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 100.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100.00 14. Charitable contributions and religious donations 14. \$ 100.00 15. Insurance. 156. \$ 100.00 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. \$ \$ 100.00 15a. Life insurance 15a. \$ \$ \$ 85.00 15b. Health insurance 15a. \$ \$ \$ 85.00 15c. Vehicle insurance. Specify. 15d. \$ \$ \$ 85.00 15c. Vehicle insurance. Specify. 15a. \$ \$ \$ 85.00 15c. Vehicle insurance. Specify. 15b. \$ \$ \$ 85.00 15c. Vehicle insurance. Specify. 15c. \$ \$ \$ 85.00 15c. Other, insurance. Specify. 15c. \$ \$ \$ 85.00 15c. Vehicle insurance. 15c. \$ \$ \$ \$ 85.00 15c. Other, Specify. 15c. \$ \$ \$ \$ \$ 85.00 15c. Cherinsurance. Specify. 15c. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7			_	400.00
9 Clothing, laundry, and dry cleaning 9 \$ 20.00 10 Personal care products and services 10 \$ 80.00 11 Medical and dental expenses 11 \$ \$ 65.00 12 Transportation. Include gas, maintenance, bus or train fare. 12 Transportation. Include gas, maintenance, bus or train fare. 13 Entertainment, clubs, recreation, newspapers, magazines, and books 13 \$ \$ 100.00 14 Charitable contributions and religious donations 14 \$ 100.00 15 Insurance. 16 Do not include insurance deducted from your pay or included in lines 4 or 20. 15 Letter insurance 15 \$ \$ 100.00 15 Letter insurance 15 \$ \$ \$ 100.00 15 Letter insurance 15 \$ \$ \$ \$ 85.00 15 Cherrison control training the control of t					
10. Porsonal care products and services					00.00
11. Medical and dental expenses 11. \$ 65.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 100.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100.00 14. Charitable contributions and religious donations 14. \$ 100.00 15. Insurance.					00.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 100.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100.00 14. Charitable contributions and religious donations 14. \$ 100.00 15. Insurance. 16. Insurance 16. \$ 100.00 15. Life insurance 16. \$ 100.00 15. Vehicle insurance 16. \$ 100.00 15. Vehicle insurance 16. \$ 100.00 15. Vehicle insurance 16. \$ 100.00 15. Other insurance. Specify: 16. \$ 100.00 15. Installment or lease payments: 17. Installment or lease payments for Vehicle 1 17. \$ 17. 17. Car payments for Vehicle 1 17. \$ 17. 17. Other. Specify: 17. \$ 17. 17. Other. Specify: 17. \$ 17. 17. Other. Specify: 17. \$ 17. 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line \$1, \$chedule 1. Your Income (Official Form 106). 19. \$ 100.00 19. Other payments you make to support others who do not live with you. Specify: 19. \$ 100.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1. Your Income. 200. \$ 100.00 20. Mortgages on other property 200. \$ 100.00 20. Property, homeowner's, or renter's insurance 200. \$ 100.00 20. Mortgages on Other property 200. \$ 100.00 20. Mortgag		·			
Do not include car payments. 12.			11.	\$	65.00
13.	12.		12	\$	100.00
14. Charitable contributions and religious donations 14. \$ 100.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. S	13.			¢	
15. Insurance.		· · · · · · · · · · · · · · · · · · ·			
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance		•	14.	Ψ	100.00
15b. Health insurance 15b. Secondaria 15b.	15.				
15b. Health insurance 15b. Secondaria 15b.		15a. Life insurance	15a.	\$	
15c. Vehicle insurance 15c. \$ 85.00 16d. Other insurance. Specify:		15b. Health insurance	15b.		
15d. Other insurance. Specify:		15c. Vehicle insurance	15c.		
Specify:		15d. Other insurance. Specify:	15d.		
Specify:	16	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20			
17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 20		· · · ·	16.	\$	
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	17,				
17b. Car payments for Vehicle 2 17c. Other. Specify:			17a	\$	451.00
17c. Other. Specify:				-	
17d. Other. Specify:		, , , , , , , , , , , , , , , , , , , ,			-
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses					
your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$			170.	Ψ	
19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses	18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	
Specify:	19.	Other payments you make to support others who do not live with you.		Ψ	
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$			19.	\$	
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$	20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		
20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$				\$	
20c. Property, homeowner's, or renter's insurance 20c. \$ 45.00 20d. Maintenance, repair, and upkeep expenses 20d. \$		20b. Real estate taxes	20b.		
20d. Maintenance, repair, and upkeep expenses 20d. \$		20c. Property, homeowner's, or renter's insurance			
		20d. Maintenance, repair, and upkeep expenses	20d.		
		20e. Homeowner's association or condominium dues	20e.		

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Debtor	OZEAL M WYATT First Name Middle Name Last Name Case number (# #	nown)	
21. O I	ner. Specify:	21.	+\$
22. C a	culate your monthly expenses.		
22	a. Add lines 4 through 21.	22a.	\$
22	c. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$
22	. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$
			germann ann comman mainteil an deal an an ar 1901 a 1904 a 19
23. Cal	culate your monthly net income.		s 3,124.00
23a	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$
23b	Copy your monthly expenses from line 22c above.	23b.	-\$3,006.00
23c	Subtract your monthly expenses from your monthly income.		s 118.00
	The result is your monthly net income.	23c.	\$ 118.00
24. Do	you expect an increase or decrease in your expenses within the year after you file this form?		
	example, do you expect to finish paying for your car loan within the year or do you expect your ligage payment to increase or decrease because of a modification to the terms of your mortgage?		
	No.		
	es. Explain here:		

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I in this information to identi	fy your case:			
btor 1 OZEAL First Name	M Middle Name	WYATT Last Name		
otor 2				
ouse, if filing) First Name ted States Bankruptcy Court for th	Middle Name	Last Name		
se number	e. Worthern District of	TAIL TO IS		
known)				Check if this i mended filin
Official Form 106	Эес			
Declaration A	About an	Individual Debtor's	Schedules	12/1
two married people are filin	g together, both are	equally responsible for supplying correct ir	nformation.	
btaining money or property ears, or both. 18 U.S.C. §§ 1	by fraud in connection	on with a bankruptcy case can result in fine 571.	es up to \$250,000, or imprisonmen	t for up to 20
btaining money or property ears, or both. 18 U.S.C. §§ 1 Sign Below	by fraud in connection 52, 1341, 1519, and 3			t for up to 20
Sign Below Did you pay or agree to page	by fraud in connection 52, 1341, 1519, and 3	IOT an attorney to help you fill out bankrupt	tcy forms? y Petition Preparer's Notice, Declaration, a	t for up to 20
Sign Below Did you pay or agree to pay	by fraud in connection 52, 1341, 1519, and 3	571. IOT an attorney to help you fill out bankrupt	tcy forms? y Petition Preparer's Notice, Declaration, a	t for up to 20
Sign Below Did you pay or agree to pay No Yes. Name of person	by fraud in connection to the fraud in connection in the fraud in the	IOT an attorney to help you fill out bankrupt	tcy forms? y Petition Preparer's Notice, Declaration, a I Form 119).	t for up to 20
Sign Below Did you pay or agree to pay No Yes. Name of person Under penalty of perjury,	by fraud in connection to the fraud in connection to the fraud in connection to the fraud in the	OT an attorney to help you fill out bankrupt Attach Bankruptcy Signature (Official	tcy forms? y Petition Preparer's Notice, Declaration, a I Form 119).	t for up to 20
Sign Below Did you pay or agree to pay No Yes. Name of person Under penalty of perjury,	by fraud in connection to the fraud in connection in the fraud in the	OT an attorney to help you fill out bankrupt Attach Bankruptcy Signature (Official	tcy forms? y Petition Preparer's Notice, Declaration, a I Form 119).	t for up to 20

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ebtor 2	OZEAL First Name	M Middle Name	WYATT Last Name			
,Jouse, a ma	ng) First Name	Middle Name	Last Name			
ted State	es Bankruptcy Court for the:	: Northern District of	f Illinois			
se numbe	er		***************************************			
(nown)					☐ Check if the amended	
ficial	Form 107					
		ncial Affai	rs for Indiv	iduals Filing for E	Bankruptov	04
				g together, both are equally resp		
rmation.	 If more space is nee 	ded, attach a separ	ate sheet to this for	m. On the top of any additional p	pages, write your name and case)
ber (if k	known). Answer every	question.				
rt 1:	Give Details About	: Your Marital Sta	atus and Where Y	ou Lived Before		
What is	s your current marital s	status?				
	-	italus !				
Mar Mar	rried : married					
1400	manned					
Durina	the last 3 years, have	vou lived anywhere	other than where v	ou live now?		
₩ No	mo mor o yours, mare	you nived anywhere	other man where y	od live flow:		
	s. List all of the places yo	ou lived in the last 3	vears. Do not include	where you live now		
De	ebtor 1:		Dates Debtor 1 lived there	Debtor 2:	Dates De lived ther	
					П.	
				Same as Debtor 1	☐ Same as	s Debto
N	lumber Street		From	Number Street	From _	
			То		To _	
_			<u></u>		and the state of t	
Ĉ	lity	State ZIP Code			ate ZIP Code	
	•			,		
				Same as Debtor 1	Same as	: Debto
	lumber Street		From	Number Street	From _	
N	34000		То	Namber Street	To	
-N					· ·	
N						
				City Sta	ate ZIP Code	
	iity	State ZIP Code		,		
	•		nouse or logat oqui	•		
Ci Within t	the last 8 years, did yo	ou ever live with a s	pouse or legal equi tho, Louisiana, Nevad	valent in a community property s la, New Mexico, Puerto Rico, Texa	state or territory? (Community pro	perty
Within t states a	the last 8 years, did yo	ou ever live with a s izona, California, Ida	iho, Louisiana, Nevad	valent in a community property s ta, New Mexico, Puerto Rico, Texa	state or territory? (Community pro	perty

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WYATT

tor 1	OZEAL MI First Name Middle Name Las	WYAII Name	Case nu	Imber (if known)	
Fill	I you have any income from employme in the total amount of income you receive ou are filing a joint case and you have inc	ed from all jobs and all bus	inesses, including part-ti	me activities.	endar years?
	No Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
		☐ Operating a business		Operating a business	
	For last calendar year:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
	(January 1 to December 31, 2015	Operating a business	7	Operating a business	¥ <u></u>
	For the calendar year before that:	Wages, commissions,		☐ Wages, commissions,	
	(January 1 to December 31, 2014	bonuses, tips Operating a business	\$	bonuses, tips Operating a business	\$
List	nbling and lottery winnings. If you are filing each source and the gross income from on No Yes. Fill in the details.				, and, 2000, 1.
	700. This is allo dotalid.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	PENISION	\$3,124.00 \$		\$
			\$		\$ \$
	For last calendar year:	PENISION	s 37,488.00		
	(January 1 to December 31,2015)		T		Ψ
	ŸŶŶŶ			Andrews 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974	
	For the calendar year before that:	PENISION	\$ 36,864.00		\$
	(January 1 to December 31, 2014)		\$		\$
	¥¥¥Y		\$		\$

OZEAL

Debtor 1

5.

Μ

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ebtor 1	OZEAL	M		WYATT	Case	number (# known)	
	First Name Middle Nam	ie I	Last Name			*	
Part 3:	List Certain Payme	ents You l	Made Befor	re You Filed	for Bankruptcy		
6. Are eith	er Debtor 1's or Debt	or 2's debts	s primarily c	onsumer debi	ts?		
☐ No.	Neither Debtor 1 nor "incurred by an individ	r Debtor 2 h dual primaril	as primarily y for a persor	consumer de	ebts. Consumer debts a nousehold purpose."	are defined in 11 U.S.C. § 10	1(8) as
	During the 90 days be	efore you file	ed for bankrup	otcy, did you p	ay any creditor a total o	f \$6,425* or more?	
	☐ No. Go to line 7.						
	total amount	you paid that	at creditor. Do	not include p	\$6,425* or more in one ayments for domestic s nents to an attorney for	or more payments and the support obligations, such as this bankruptcy case.	
						after the date of adjustment.	
☑ Yes	. Debtor 1 or Debtor 2	or both ha	ve primarily	consumer de	bts.		
					ay any creditor a total o	f \$600 or more?	
	☑ No. Go to line 7.						
	creditor. Do r	not include p	payments for	domestic supp	\$600 or more and the toort obligations, such as ey for this bankruptcy ca		
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
					\$	\$	☐ Mortgage
	Creditor's Name						Car
	Number Street		***************************************				Credit card
							☐ Loan repayment
							☐ Suppliers or vendors
	City	State	ZIP Code				☐ Other
					\$	\$	☐ Mortgage
	Creditor's Name						☐ Car
	Number Street						Credit card
							Loan repayment
		****					☐ Suppliers or vendors
	City	State	ZiP Code				Other
					¢	*	
	Creditor's Name				\$	<u> </u>	Mortgage
							Car
	Number Street			***************************************			Credit card
		·····		***************************************			Loan repayment
							Suppliers or vendors Other
	City	State	ZIP Code				■ Other

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or 1	OZEAL	M	WYATI	Γ.	Case number (if known)	
	First Name Middle i	Name Last Name				
Inside corpe agen	ers include your relative prations of which you a	re an officer, director, pe usiness you operate as a	; relatives of any rson in control, o	general partners; or owner of 20% or	partnerships of whic more of their voting	who was an insider? th you are a general partner; securities; and any managing r domestic support obligations,
A						
	es. List all payments to	an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
				\$	\$	
	Insider's Name			Ψ	Ψ	
	Number Street	Ł	, and purply the second			
						
	City	State ZIP Code				
				\$	\$	
	Insider's Name			<u> </u>	— Y	
	Number Street					
	VIII VIII VIII VIII VIII VIII VIII VII					
	City	State ZIP Code	····			
Includ	o	guaranteed or cosigned l at benefited an insider.	by an insider. Dates of	Total amount	Amount you still	Reason for this payment
			payment	paid	owe	Include creditor's name
				\$	\$	
	Insider's Name			*	T	
	Number Street					
•						
	City	State ZIP Code				
		÷				
				\$	_ \$	
Ī	Insider's Name		Acceptable to the second secon			
•	Number Street					
-			****			
_			_		To the second	
ī	City	State ZIP Code			1	

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ebtor 1	OZEAL First Name Middle	M Name Last Name	WYATT	Case number (##	(nown)	
		cest None				
			ions, and Foreclosure			
List a	i in 1 year before you f i all such matters, includi contract disputes.	iled for bankruptcy, wing personal injury case	vere you a party in any la es, small claims actions, d	wsuit, court action, or action or action suits, page 1	dministrative proc aternity actions, sur	eeding? oport or custody modification
(((((((((((((√o os. Fill in the details.					
			ture of the case	Court or agency		Status of the case
	Case title			Court Name		Pending On appeal
	Case number			Number Street		Concluded
	Case Hulliber	No. of the same of		City	State ZIP Code	waterstand or the
	Case title			Court Name	***************************************	Pending On appeal
	Case number			Number Street		Concluded
	-			City	State ZIP Code	
U Y	es. Fill in the informatio	n below.	Describe the propert	y	Date	Value of the property
	Creditor's Name					\$
	Number Street					
	Number Street		Explain what happer Property was r Property was f	epossessed.		
	City	State ZIP Code	Property was g	parnished. attached, seized, or levied.		
			Describe the propert	y	Date	Value of the property
	Creditor's Name				Market by the state of the stat	<u> </u>
	Number Street		Explain what happen			
			Property was r	epossessed.		
	City	State ZIP Code	Property was g			

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r 1	OZEAL First Name	Middle Name	M Last N	WYATT Name	Case number (if know	(0)	
Nithi	in 90 days befo	ore you filed for	· bankrup	otcy, did any creditor, including	a bank or financial instit	tution, set off any	amounts from vour
acco	ounts or retuse	to make a payn	nent bec	ause you owed a debt?		•	,
ZÍ N							
□ Y	es. Fill in the de	etails.					
				Describe the action the creditor	łook	Date action	Amount
Cr	reditor's Name			, and an analysis of the state		was taken	
Nı	umber Street						\$
Cit	ity	State ZIF	P Code	Last 4 digits of account numbe	r: XXXX		
/ithir	n 1 year before	e you filed for b	ankrupto	cy, was any of your property in	the possession of an ass	ignee for the bene	efit of
realt	tors, a court-a	ppointed receive	er, a cus	todian, or another official?			
Z No						-	
] Y∈	es					•	
	.						
5:	List Certai	n Gifts and Co	ontribut	ions			
A No	o			cy, did you give any gifts with a	s total value of more than	\$600 per person?	
No Ye G	o es. Fill in the de Gifts with a total	tails for each gift	! .	cy, did you give any girts with a	a total value of more than		
No Ye G	o es. Fill in the de	tails for each gift	! .	Describe the gifts	a total value of more than	Dates you gave the gifts	Value
Mo Ye G	o es. Fill in the de Gifts with a total per person	tails for each gift value of more than	! .	Describe the gifts		Dates you gave	Value
Mo Ye G	o es. Fill in the de Gifts with a total	tails for each gift value of more than	! .	Describe the gifts		Dates you gave	
Mo Ye G	o es. Fill in the de Gifts with a total per person	tails for each gift value of more than	! .	Describe the gifts		Dates you gave	Value
Mo Ye G	o es. Fill in the de Gifts with a total per person	tails for each gift value of more than	! .	Describe the gifts		Dates you gave	Value
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No. 1 Ye	o es. Fill in the de Gifts with a total per person	tails for each gift value of more than	! .	Describe the gifts		Dates you gave	Value
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Q Ye G Pen Nun City	o es. Fill in the de Gifts with a total over person rson to Whom You C	tails for each gift value of more than Save the Gift State ZIP	n \$600	Describe the gifts		Dates you gave	Value
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Pen City Per Giff	oes. Fill in the de Gifts with a total ner person rson to Whorn You G	value of more than Save the Gift State ZIP o to you	n \$600	Describe the gifts		Dates you gave the gifts Dates you gave	Value
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1	OZEAL	M	WYATT	Case number (if known)		
	First Name Middle	e Name Las	t Name			
ithi	n 2 years before you	i filed for bankru	ptcy, did you give any gifts or c	ontributions with a total value	e of more than \$6	00 to any charity?
lΝ						to to any onanty.
	es. Fill in the details f	or each gift or con	tribution			÷
		or caon girt or con	anbadon.			
	Gifts or contributions to that total more than \$60		Describe what you contributed		Date you	Value
	that total more than por	00	and the communication of the state of the st	99 C. J. Commission (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986)	contributed	
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	•			:		
						\$
Nu	ımber Street		• !			
C	ty State ZIP	Code				
			Lever remainment of the contract of the contra			
6:	List Certain Lo	sses				
-						
	Describe the property y now the loss occurred	ou lost and	Describe any insurance coverag	has paid. List pending insurance	Date of your loss	Value of property lost
			claims on line 33 of Schedule A/B:	Property.		
						\$
•						Ψ
			h - mara manananan a sarata manananan antata marata ma			
7:	List Certain Pay	ments or Tran	sfers			
السالة د خط 6						
1 C	onsulted about seek	ined for bankrupt ding bankruptev d	cy, did you or anyone else actir or preparing a bankruptcy petiti	ig on your behalf pay or trans	sfer any property	to anyone
lud	e any attorneys, bank	cruptcy petition pre	eparers, or credit counseling agen	cies for services required in you	ır bankruptcy.	
No					-	
Υe	es. Fill in the details.					
			Description and value of any pro	perty transferred	Date payment or	Amount of paymen
=				party stationarda	transfer was	Amount or paymen
Ę3	erson Who Was Paid		The state of the s		made	
N	umber Street			:		ς.
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	erson Who Made the Payme	TAL-137		<u> </u>		

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Capping	de (file, N. Marie III) in a managed a sign, accessorate annual annual annual annual annual annual annual annu		Description and value of	any property transferre	d	Date payment or transfer was made	Amount of payment
P	Person Who Was Paid	· · · · · · · · · · · · · · · · · · ·					•
N	lumber Street						\$
_			······································				\$
c	City	State ZIP Code					
Ē	mail or website address	······			100 100 100 100 100 100 100 100 100 100		
Ē	erson Who Made the Paym	nent, if Not You	-				
romi	sed to help you dea t include any paymer	al with your cre	ptcy, did you or anyone els ditors or to make payments t you listed on line 16.	se acting on your beh s to your creditors?	alf pay or trans	sfer any property to	o anyone who
_	es. Fill in the details.						
			Description and value of	any property transferred	i	Date payment or transfer was	Amount of pay
P	Person Who Was Paid					made	
N	lumber Street					Madding to the construction of the constructio	\$
							\$
7		···					
Vithin	2 years before you	State ZIP Code u filed for banks	uptcy, did you sell, trade, o	r otherwise transfer		anyone, other tha	n property
Vithin ransfe nclude to not No	n 2 years before you erred in the ordinar e both outright transfe t include gifts and tra	u filed for banks y course of you fers and transfer	uptcy, did you sell, trade, our business or financial affas made as security (such as trave already listed on this state of transferred	or otherwise transfer thirs? the granting of a securitement. property Description or debt	any property to ity interest or ma oe any property o s paid in exchan	ortgage on your prop or payments received age	perty).
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/ithin ransfe oclude o not No Yes	n 2 years before you ferred in the ordinar the both outright transfet include gifts and transfet s. Fill in the details.	u filed for bank ry course of you fers and transfer insfers that you i	uptcy, did you sell, trade, our business or financial affa s made as security (such as the save already listed on this state of transferred	or otherwise transfer airs? the granting of a securitement. property Descriter or debt	any property to	ortgage on your proper payments received ge	Date transi was made
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Description and value of the prope	erty transferred		Date transfer was made

****			,
ounts, Instruments, Safe Deposit	Boxes, and Storag	e Units	
arket, or other financial accounts; certi operatives, associations, and other fir	ificates of deposit; sha nancial institutions.	ares in banks, credit un	ions,
Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
XXXX	Checking	**************************************	\$
Westerna	Savings		
			
de	Other		
XXXX	Checking		\$
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btor 1	OZEAL		M	WYATT	Car	se number (if known)		
	First Name	Middle Name	Last Name			The state of the s	***************************************	
Have y	you stored prop	erty in a stora	ge unit or place of	other than your hom	e within 1 yea	r before you filed for l	pankruptcy?	
☑ No	o es. Fill in the det							
L. 16	es. Fill in the get	ans.	1A01					
			wao en	se has or had access to	O IE?	Describe the contents	i	Do you st have it?

1	Name of Storage Fac	ility	Name			- :		☐ No
		···· ,						☐ Yes
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			City State	e ZIP Code		• / - !		
ō	City	State ZIP	Code					
art 9:	identify P	roperty You	Hold or Contro	ol for Someone E	lse			
3. Do yo	ou hold or contro	ol any propert	v that someone e	else owns? Include :	any property v	ou borrowed from, an	a storing for	
or ho	ld in trust for so	meone.	•		, ,		c storing for,	
2 N	-							
LI Y	es. Fill in the de	tails.						
			Where is	s the property?		Describe the property		Value
	•							
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_	Owner's Name Number Street		Number S	Street				5
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ZIP Code

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or 1	OZEAL	M	WYATT	Case number (if known)	
	First Name Middl	e Name Last	Name	Case Hamber (if known)	***************************************
Have	you notified any go	vernmental unit of	f any release of hazardous mai	erial?	
2	lo	•			
□ Y	es. Fill in the details	i.			
			Governmental unit	Endonmental Inv. 16 In 1	5
			Governmental unit	Environmental law, if you know it	Date of notice
				• • • • • • • • • • • • • • • • • • •	
	Name of site		Governmental unit	 :	
			Governmental unit		***************************************
	Number Street	***************************************	Number Street		
			Name of the		
			City State ZIP Code		
	City	Ptata 710 C J			
	City	State ZIP Code			
áaa	vou boon a new. In	americalistat as asis	-1-1-441		
		arry Judicial or adi	ministrative proceeding under	any environmental law? Include settlemer	its and orders.
Z N					
IJ Y	es. Fill in the details				
			Court or agency	Nature of the case	Status of the
			Court of agency	Nature of the case	case
c	ase title				
			Court Name		Pending
					On appea
_			Number Street		
			Number Street		Conclude
~	ase number		-		
C	ase number		City State ZIP	Code	
t 11	Give Details	About Your Bus	iness or Connections to A	ny Business	
.Aicus	n 4 years before you	filed for bankrup	tcy, did you own a business of	have any of the following connections to	any business?
_	A sole proprietor o	or self-employed i	n a trade, profession, or other	activity, either full-time or part-time	
	A member of a lim	ited liability comp	any (LLC) or limited liability pa	artnership (LLP)	
	A partner in a part	nership			
	An officer, directo	r, or managing ex	ecutive of a corporation		•
			g or equity securities of a corp	aration	
				oration	
2 N	o. None of the above	applies. Go to Pa	art 12.		
] Y	es. Check all that ap	ply above and fill	in the details below for each b	usiness.	
	•		Describe the nature of the busin		number
					Security number or ITIN.
Ì	Business Name		:	Po not alcinde social (security number of ITIN.
			:	FIN:	
ì	Number Street				
			Name of accountant or bookkee	per Dates business existed	1
				From To	
,	City.	Panan Win A		LIVIBIC	***************************************
,	City	State ZIP Code			
			Describe the nature of the busing		
ī	Business Name	**************************************		Do not include Social 9	Security number or ITIN.
,				EIN:	
1	Number Street		Name of accountant or bookkee	nor Batas kusinan suiste	ŧ
			Name of accountant of bookkee	•	•
٠			:	From To	

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		M	WYATT	Case number (if known)
	First Name	Middle Name Last	Name	***************************************
			Barrella the sea of the tea	Employer Identification number
			Describe the nature of the business	Do not include Social Security number or ITIN.
	Business Name		7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				EIN:
	Number Street	71744		
	Number Street		Name of accountant or bookkeeper	Dates business existed
				100 D 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City	State ZIP Code		From To
	Oily	State , Zir Code		
				O. al. *
stit I N	tutions, creditors	, or other parties.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ent to anyone about your business? Include all financial
•	voi i iii iii iii iii iii iii iii iii ii	uno below.		
			Date issued	
ì	Name		MM / DD / YYYY	
1	Number Street			
	realise. Officer			
	*****	·		
7	City	State ZIP Code		
,	on,	State Zir Code		
12:	Sign Below			
hav	ve read the answ	ers on this Statemen	of Financial Affairs and any attach	ments, and I declare under penalty of periury that the
nsv n co 8 U	ve read the answers are true and onnection with a	ers on this Statement I correct. I understand bankruptcy case can 1, 1519, and 3571.	d that making a false statement, cor result in fines up to \$250,000, or in	prisonment for up to 20 years, or both.
have never a constant of the c	ve read the answers are true and connection with a J.S.C. §§ 152, 134	ers on this Statement I correct. I understand bankruptcy case can 1, 1519, and 3571.	that making a false statement, corresult in fines up to \$250,000, or in	ncealing property, or obtaining money or property by fraud prisonment for up to 20 years, or both.
navnsvi co	ve read the answers are true and connection with a J.S.C. §§ 152, 134	ers on this Statement I correct. I understand bankruptcy case can 1, 1519, and 3571.	that making a false statement, corresult in fines up to \$250,000, or in	ncealing property, or obtaining money or property by fraud prisonment for up to 20 years, or both.
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